Gosaye Teklehaymanot Zewde

**Open Access** 

**Research Article** 

# Assessment of Knowledge, Attitude and Practices of Colostrum Feeding a mong Postnatal Mothers in Harar Town governmental Hospital Harar, Et

## hiopia 2019

## Gosaye Teklehaymanot Zewde

Department of Midwifery, Harar Health Science College, Harar, Ethiopia

\*Corresponding author: Gosaye Teklehaymanot Zewde, Department of Midwifery, Harar Health Science College, Harar, Ethiopia Received Date July 23, 2020; Accepted Date: July 30, 2020; Published Date: August 05, 2020.

**Citation:** Gosaye T Zewde, (2020) Assessment of Knowledge, Attitude and Practices of Colostrum Feeding among Postnatal Mothers in Harar To wn governmental Hospital Harar, Ethiopia 2019. J Clinical Case Reports and Studies, 1(4): Doi: 10.31579/2690-8808/020

**Copyright:** © 2020. Gosaye Teklehaymanot Zewde. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

## Abstract

**Background:** Colostrum is yellow to orange color, thick and sticky first milk produced by the mammary glands which was universally r ecommend to feeding for every newborn. It has Laxative effect and contains bioactive immune factors which protect a neonate against a v ariety of infections and allergic diseases. Globally, around 5.6 million children died before reaching their fifth birthday, of those, 2.6 milli on (46%) died in the first 30 days of life. Approximately 7000 newborns died every day, most of which occurred within first 7 days after b irth, with about 1 million dying on the first day and close to 1 million dying within the next 6 days in 2016. Various factors can effectively reduce neonatal mortality to greater levels early initiation of Colostrum feeding and exclusive breastfeeding for the first 6 months of life is one of them which prevent around 20% newborn deaths and 13% under-five deaths.Even those few studies conducted on Colostrum feeding ng in Ethiopia there is no sufficient information in our study area. There for this study will try to fill the information gaps and serve as imp lementation guide and reference for stake holder and other researchers.

**Objective:** To assess knowledge, attitude and practices of colostrum feeding among postnatal mothers in Harar Town governmental Hos pital Harar, Eastern Ethiopia 2019.

**Methods and Material:** Health facility based cross sectional study was condcted on 306 women attending delivery service in Harar T own Jugal and Hiwot Fana Specialized university Hospitals. Sample was allocated proportionately and study participant was selected by s ystematic random sampling. Collected and checked data were entered in to Epi Data software version 3.02 and exported and analyzed usi ng SPSS version 21. Mean value were used to classify as good or Poor knowledge, altitude and practice on colostrum feeding. Finding wa s summarized and presented in different forms of diagrams and tables and statement.

**Result:** The overall prevalence of good knowledge, altitude and practice on this study was 96 %, 89 % and 70 % respectively. Majority 6 5.5 % and 94 % of the mother replied that colostrum feeding is important for growth and development of baby and it protect disease from their new born. Few 8% provide other than colostrum after birth due to different reasons.

**Conclusion and Recommendation:** Even if the overall prevalence of good knowledge. Altitude and practice was higher on this stu dy few clients does not now initiation time of breast and also provide other substance instead of colostrum and discard it due to fear of ab dominal cramp and their believed that it was not clear. Therefore responsible bodies and stake holders need to work for alleviating such m isconception and information gaps.

Key word: colostrum; clostrum feeding; Knowledge; Attitude; Practices; Harar Town

## Introduction

Colostrum is yellow to orange color, thick and sticky first milk produce b y the mammary glands. Rich in proteins, calories, vitamin A and sodium chloride, but contains lower amounts of lipids, fat and potassium than no rmal milk [1, 2]. World Health Organization and United Nations Childre n's Emergency Fund Universally recommend colostrum feeding for ever y newborn [3] Newborns have premature digestive system so that Laxat ive effect of colostrum encourages passage of baby's first stool, meconiu m and it will helps to clear excess bilirubin which is produced in large qu antities at birth that may causes jaundice [4].The first milk (colostrum) c ontains bioactive immune factors which protect a neonate against a varie ty of infections and allergic diseases [5]. It contain various Immuno Glob ulin like IgA, IgG and IgM which helps to protects the mucous membran es in the throat, lungs, ear and intestines of the infant. [6,7]. In Ethiopia, colostrum were seen as abnormal milk. Many societies considering colos trum as it cause abdominal problems to the newborn and 50% up to 79% of mothers discarded colostrum to decrease this effect [8]

## **Statement of the Problem**

Globally, around 5.6 million children died before reaching their fifth birt hday, of those, 2.6 million (46%) died in the first 30 days of life. [9]. Ap proximately 7000 newborns died every day, most of which occurred with

in first 7 days after birth, with about 1 million dying on the first day and close to 1 million dying within the next 6 days in 2016 [10]. Most of the neonates died in Southern Asia (39%), followed by sub-Saharan Africa ( 38%). Half of all newborn deaths occurred in the following five countrie s: India, Pakistan, Nigeria, the Democratic Republic of the Congo and Et hiopia [9]. Various factors can effectively reduce neonatal mortality to gr eater levels; early initiation of breastfeeding is one of them [11]. Early in itiation of Colostrum feeding and exclusive breastfeeding for the first 6 m onths of life prevents around 20% newborn deaths and 13% under-five d eaths [12]. It can also reduce mortality due to neonatal infections (sepsis, pneumonia, tetanus, and diarrhea) [13] which contribute 36% in neonatal deaths from all causes, and preterm birth an additional 27% [14]. Every d ay, as many as 4,000 infants and young children die worldwide because t hey do not get colostrum with in the first hour after birth [15] UNICEF g lobal databases in 2016 indicates the rates of early initiation of colostrum feeding are extremely low i.e.(within one hour of giving birth) initiation of colostrum feeding about 17% in Eastern Europe and Central Asian co untries and 33% in Asia-Pacific. About 50% are in Latin America, the C aribbean, East and North Africa. 43% of newborns in the developing wor ld are put to the breast within one hour of birth. Regional averages range from a high of 54% in Eastern and Southern Africa to a low of 39% in S outh Asia and West and Central Africa [16]. Several factors could cause neonatal death among those, one of the main causes of neonatal mortalit y and morbidity is inadequate breast feeding. [17] Ethiopia has one of the highest infant mortality rates in the world and inappropriate neonatal fe eding is primary factor. [18]. Even those few studies conducted on Colos trum feeding in Ethiopia; there is no sufficient information in our study a rea. There for this study will try to fill the information gaps. This study is also needed because colostrum feeding play a vital role in preventing un der five nutritional problem as well as neonatal death in relation to breast feeding.

## Significance of Study

This study will identify knowledge, altitude and practice of postnatal mo ther on Colostrum feeding and it shows how far the practice is exit, the m ajor gaps and what measurement should be taken to improve Colostrum f eeding practice in the study area as well as other similar settings.

The ability to identify gaps that exists on knowledge, attitude, and practi ces toward colostrum feeding will help health care workers, stakeholders

, Programmers /planner, governmental and Non-governmental organizati on and responsible bodies for having relevant information which helps fo r timely planning, interventions and established appropriate strategies to i mprove, promote and maintain Colostrum breast milk feeding which wo uld lead to better neonatal outcomes. The study will also serve as a refere nce data for other researcher.

#### **Objectives**

#### **General objectives**

To assess knowledge, attitude and practices of colostrum feeding among postnatal mothers in Harar Town governmental Hospital Harar, Eastern E thiopia 2019

## **Specific objectives**

- To assess knowledge of postnatal mothers towards colostrum feeding among postnatal mothers in Harar Town governmental Hospital Harar, Eastern Ethiopia
- To determine attitude of the postnatal mothers towards colostrum feeding among postnatal mothers in Harar Town governmental Hospital Harar, Eastern Ethiopia
- To identify colostrum feeding practice among postnatal mothers in Harar Town governmental Hospital Harar, Eastern Ethiopia

### Methodology

**Study area and period:** This study was conducted in Harari regiona l State which is one of the ten regional states of the Federal Democratic R epublic of Ethiopia which was located in the eastern part of the country a t 526 km away from Addis Ababa, the capital city of Ethiopia. In the reg ion 3 governmental, 2 private and 1Hamline Fistula hospital and 8 health center were found. The study was conducted in Jugol and Hiwot Fana Sp ecialized university hospital. Those hospitals were provides several clini cal services, laboratory, radiology services, pharmacy services, surgery c are, Gynecology, pediatrics, obstetrics, Maternal and child health care's. The study was conducted from December 16, 2018 to Jan 4, 2019 G.C

Study design: Health facility based cross sectional study was used

#### Population

**Source population:** The source of population was all postnatal moth ers who was attending postnatal service in Jugol and Hiwot Fana Special ized University Hospital

**Study population:** The study population was selected postnatal moth er who was attending postnatal service in Jugol and Hiwot Fana Speciali zed University Hospital during data collection period.

#### **Inclusion and Exclusion criteria**

**Inclusion criteria:** All postnatal mothers who have postnatal care fol low up Jugol and Hiwot Fana Specialized University Hospital

#### **Exclusion criteria:**

Women who are chronically ill

Those mothers who refuse to participate on the study

Mother who have still birth child

Mother who are unable to speak or and hear

**Sample size determination:** Sample size was determined by using a single population proportion formula by assuming 5% marginal error a nd 95% confidence interval ( $\partial$  (alpha) = 0.05) and sample size was calculated for the three variables using of good knowledge 76.26, prevalence of good attitude which is 78.84 % and prevalence of colostrum feeding practice, which is 77.71 % from study conducted Debremarkos town gover nmental health institution Amhara regional state, Ethiopia [19]. By comparing the three sample size the highest was taken which becomes 278 by adding 10% non-response rate the final sample was 306.

**Sampling Techniques and Procedure:** Among 3 Governmental Hospita Is two hospitals were selected by simple random sampling method. Sample was allocated proportionately based on their annually patient flow. Individual study s ubjects at each health facility were selected by systematic random sampling.

Total N in Hiwot Fana specialized university Hospital =330 and Total N in Jug al Hospital =165.

HFSUH 
$$330*306 = 204$$
 and Jugol hospital  $165*306 = 102$   
495

Total sample size=204 +102=306

#### **Study Variables**

#### **Dependent variables**

Knowledge of colostrums breast feeding

Attitude of colostrums breast feeding

Practice of colostrum breast feeding

#### **Independent Variables**

Socio demographic variables: Age, Marital status, Residence, Occupation informed the purpose, advantages and disadvantages, and there right t, Educational status, Monthly family income, Ethnicity o be involved or not also with draw from the study at any time. Informed

**Sources of information:** Health institution, Community, family, frie nds, mass media. Colostrum feeding, early initiation of breastfeeding, pr e lacteal feeding

**Data collection tolls and method:** Data collection tool was develo ped after critical review of literature. The questionnaires was prepared in English language then translated to Afan Oromo and Amharic language. It was prepared as an interview guide to assess participant's socio demog raphic condition, knowledge, attitude and clostrum feeding practice. Fac e to face interview was conducted by trained data collectors.

**Data Quality Control:** To assure the quality of data pretested was do ne on 5% of total sample size in Harar Federal Police Hospital. Training was given for data collector's supervisor and data entry clerks prior to th e study. Data completeness, consistency and legibility were cheeked by s upervisor on daily based and double data entry was performed by separat ed at a clerk.

**Data Processing and Analysis:** After data collection each question naire was checked for completeness, consistency then coded. Epi-Data v ersion 3.1 and SPSS version 21 were used for data entry and analysis. Fr equency is rune to analyze descriptive statistics. Knowledge, attitude and practice part are analyzed based on total question mean value were used t o classify as good or Poor knowledge, altitude and practice on colostrum feeding. Finding was summarized and presented in different forms of dia grams and tables and statement

**Ethical Considerations:** Ethical clearance letter was obtained from H arar health Science College Institution Research Ethics Review Committ ee. Permission was obtained from study institution. All the participants w

**iom** informed the purpose, advantages and disadvantages, and there right t o be involved or not also with draw from the study at any time. Informed consent was obtained from all participants. Confidentiality was maintain ed by avoiding names and other personal identification.

## **Operational Definitions**

**Good knowledge:** Participant who respond greater than or equal to m ean value of total knowledge related questions [19].

**Poor knowledge:** Participant who responds less than mean value of t otal knowledge related questions [19].

**Positive Attitude:** Participant who responds correctly greater than or equal to mean value of attitude related questions [19].

**Negative Attitude:** Participant who responds less than mean value of attitude related questions [19].

**Good Practice:** Those Participants who respond greater than or equal t o mean value of practice related questions [19].

**Poor practice:** Participant who responds less than mean value of pract ice related questions [19].

#### **Result:**

## Scio – Demographic Result

A total of 295 respondents have participated in this study with a response rate of 96 %. Majority 110 (38%) of respondents were between 25-35 ye ars of age. Regarding residence and marital status majority were 176 (60 %) urban habitant and 274 (94 %) married. 186 (63%) of respondents we re Muslim religion followers. One third 99 (34 %) of study participants h ad Private employee (**Table-1**).

Variables	Characteristics	Frequency (No.)	Percent (%)
Age	< 25	99	34%
	25-35	110	38%
	35-45	79	27%
	> 45	5	2%
Residence	Urban	176	60%
	Rural	117	40%
Marital status	Single	2	1%
	Married	274	94%
	Divorced	10	3%
	Widowed	7	2%
Religion	Muslim	186	63%
_	Orthodox	63	22%
	Protestant	39	13%
	Catholic	5	2%
Ethnicity	Oromo	198	68%
_	Amhara	43	15%
	Harari	16	5%
	Tigre	8	3%
	Others	28	10
Occupational of mother	Government employee	30	10%
_	Private employee	99	34%
	Merchants	80	27%
	House wife	76	26%
	NGO employee	8	3%
Occupation of fathers	Government employee	36	13%
-	Private employee	46	17%
	Merchants	53	19%
1	Daily laborer	34	12%
	NGO employee	8	3%
1	Farmer	97	35%
Monthly income	<1000	78	27%
-	1001-2000	60	20%
1	2001-3000	57	19%
1	3001-4000	70	24%
1	>4000	28	10%

Table 1: Socio-demographic characteristics postnatal mothers in Harar Town governmental Hospital Harar, Eastern Ethiopia 2019 G.C

reast Milk

Knowledge of the Study Participants towards Colostrum B

The overall prevalence of good knowledge in this study was 96%. Major ity 282 (96%) was heard about clostrum and their main source of inform

ed that colostrum is important for growth and development of baby as w ell 238 (81%) identify nutritive content of colostrum and 274 (94%) repl ied that Colostrum protect disease from babies. (Table 2)

ation was from 148 (52%) Health institutions and 281 (95.9%) was repli

Variables	Characteristics	Frequency	Percent
Do you heard about colostrums	Yes	282	96%
	No	11         53         148         76         5         263         19         281         12         238         55         238         55         238         55         238	4%
	Family	53	19%
	Health institution	148	52%
	Mass media	76	27%
Source of information	Friends	5	2%
Color of colostrum	Yellow	263	93%
	White	19	7%
Is colostrum important for growth and develo	Yes	281	95.9
pment of baby	No	12	4.1
colostrums is the best first milk given to the in	Yes	238	81%
fant	No	55	19%
Do you know the Contents of colostrum	Yes	238	81%
	No		19%
	Proteins		81%
	Minerals	221	75%
What contents do you know	Immunoglobulin	11         53         148         76         5         263         19         281         12         238         55         238         55         238         55         238         55         238	76%
What contents do you know	Carbohydrates	231	79%
	Family       53         Health institution       148         Mass media       76         Friends       5         Yellow       263         White       19         Yes       281         No       12         Yes       238         No       55         Yes       238         No       55         Proteins       238         Minerals       221         Immunoglobulin       223         Carbohydrates       231         Fats       219         Minerals       221         Yes       274         No       19         Yes       279         No       14         Yes       279	219	75%
	Minerals	76         5         263         19         281         12         238         55         238         55         238         255         238         221         223         231         219         221         274         19         279         14	75%
Colortrum protect disease from hebies	Yes	274	94%
Colostrum protect disease from babies	No	19	6%
T T £' '''	Yes	19 6	95.2
Use as first immunization	No	14	4.8
Calastron una as lanations	Yes	279	95.2
Colostrum use as laxatives	No	14	4.8

Table 2: Knowledge of colostrum feeding among postnatal mothers in Harar Town governmental Hospital Harar, Eastern Ethiopia 2019 G.C.

## Attitude of Postnatal Mothers towards Colostrums Breast Milk Feeding

9 % (271). Majority of the participant was disagreed that 120 (41%) Col ostrum breast milk is dirty, looks like Pus and 149 (51%) Colostrum brea st milk Causes diarrhea, 164 (56%) respond that there family told them t hat colostrum should not to be given to the new born. (Table 3)

The overall good attitude towards colostrum feeding on this study was 8

S N <u>o</u>	Variable	Strongly agree	Agree	Disagree	Strongly dis agree	Neutral
1	Colostrum is inadequate breast milk	0 (0%)	8 (3%)	120 (41%)	165 (56%)	0 (0%)
2	Colostrum breast milk is dirty, looks like pu s	0 (0%)	8 (3%)	120 (41%)	165 (56%)	0 (0%)
3	Colostrum breast milk Causes diarrhea	14 (5%)	18 (6%)	149 (51%)	112 (38%)	0 (0%)
4	Baby did not likes colostrum breast milk	8 (3%)	23 (8%)	140 (48%)	122 (42%)	0 (0%)
5	Colostrum makes the baby sick	18 (6%)	10 (3%)	136 (46%)	129 (44%)	0 (0%)
6	Baby unable to suck colostrums	12 (4%)	9 (3%)	156 (53%)	116 (40%)	0 (0%)
7	My family says it should not to be given	20 (7%)	10 (3%)	164 (56%)	99 (34 %)	0 (0%)
8	Colostrum causes constipation	14 (5%)	14 (5%)	166 (57%)	99 (34%)	0 (0%)
9	Unable to protect babies from jaundice	25 (9%)	5 (2%)	110 (38%)	153 (52%)	0 (0%)
10	Colostrum is difficult to digest and needs to be discarded.	10 (3%)	2 (1%)	178 (61%)	75 (26%)	28 (10%)

 Table 3: Altitude of postnatal mothers towards colostrum feeding in Harar Town governmental Hospital Harar, Eastern Ethiopia 2019 G.C

## Practice colostrums feeding among postnatal mothers

The overall prevalence of good Practice in this study was 70% (205). Ma jority 271(92%) of the mother provide colostrum to the baby after birth w

hile 22 (8%) did not provide it and their main reason 10 (45%) was fear of abdominal cramping and instead of clostrum majority 14 (5%) provid e cow's milk.(Table 4)

Variables	Characteristics	Frequency	Percent
Did you provide colostrum to the baby	Yes	271	92%
after birth	No	22	8%
If no reason for not feed and discarded colostrum	Abdominal cramping	10	45%
	difficult to digest	4	18%
	I believed it is polished	8	36%
When did you provide colostrum to th e baby after birth	Within 1 hour after delivery	116	43%
	Within 6 hour after delivery	99	37%
	Within 24 hour after delivery	32	12%
	After discard some of colostrum milk	24	9%
	Total	22	100%
Instead of colostrum what did you pro vide to the baby	plain water	6	2%
	cow's milk	14	5%
	Butter	2	1%
	Total	22	8%

Table 4: Colostrum feeding Practice among postnatal mothers in Harar Town governmental Hospital Harar, Eastern Ethiopia 2019 G.CDiscussioncio-cultural and study period as well sample size.

In this study out of 293 postnatal mothers 96 % had good knowledge this finding is greater than study conducted in East Gojjam zone Amhara regi onal state of Ethiopia which was 76.72 % have good knowledge about co lostrum breast milk (19). This difference might be due to difference in so

In this study majority 96 % of the mother was head about colostrum feed ing and there major source of information was 52 % from health instituti on this finding is higher while it compared with study conducted in Nepa l which was 74 % and 12 % (20) This difference might be due to sample

size and socio -demographic variation.

In this study 95.2 % mothers knew that colostrum is the first milk need t o give for the baby and 81% also describe content of colostrum which w as higher compared to study conducted in India 68.7% and 8.3 %. (21) T his difference might be due to information provision through media and h ealth extension workers in our study area.

The finding of this result indicates that 43% and 94 % of mother had kne w the appropriate time for feeding colostrum and it protect disease from babies. This finding was higher than study conducted in Pakistan 14% an d only 9% (22). The reason for variation might be due to study area and s ocio cultural deference.

In this study 89 % had favorable attitude towards colostrum breast milk t his finding is higher than study conducted East Gojjam 78.8% and 8% in this study perceived colostrum breast milk as dirty and looks like pus wh ich is lower than East Gojjam 44.71% (19). This discrepancy might be d ue to difference in study setting, sample size and socio- cultural deferenc e's.

In this study 70 % of the study participant had good practice on clostrum feding which was in line with study conducted in 60.88%, MizanTepi Un iversity Teaching Hospital (23). Regarding time of breast feeding and pr ovision of colostrum in this study 43 % start feeding within an hour and 92 % provide colostrum which is lower 54 % and higher 82% than study conducted in Arbaminch (24). This difference might be due to discrepan cy in study area and sample size.

In this study only 1 % of respondent provide butter which was lower 25. 5 % than study conducted in Raya Kobo district, Northeastern Ethiopia (25). This difference might be due to defense in study population and soci o-cultural deference.

## **Conclusion and Recommendation**

#### Conclusion

Generally, the studies showed that majority 96% of clients had Goodkno wledge and 89 % had favorable altitudes on colostrums feeding as well a s 70%, had good practices. Majority of postnatal mother had good knowl edge about feeding but regarding the initiation time of breast feeding aw areness creation and provision of counseling is important. Even if majori ty of postnatal mother provide colostrum after birth, 8% did not give to t heir babies instead they feed prelacteal like water, fresh butter and cow m ilk so that health education provision is important to improve on it.

Regarding attitude of postnatal mother's majority of mothers accept colo strum feeding immediately after delivery was adequate and it doesn't cau ses gastro intestinal discomfort like diarrhea or constipation, difficulty to digested for baby and protect him from disease.

### Recommendation

- **Health workers** need to Provide health education and promotion on contents, advantages, duration, frequency ,and time of initiate breast feeding to the mothers
- To provide education on the health impact of providing other substance than colostrum like plain water, Cow's milk and butter.
- For health Extensions worker: Provide community based education in order to initiate colostrum feeding immediately after delivery, not provide other substances even water for new born until 6 months and don't accept tradition myths about colostrum feeding
- For Mass Media: Disseminate health information for the

families and mothers about colostrum feeding benefits as well as time of feeding to babies and postnatal mothers

## Reference

- 1. WHO. First food first. www.world breast week.net. accessed on november,2017
- 2. Ghai op, Paul VK, Bagga A. (2009). Text book of peadtric 7<sup>th</sup> edi tion. New Delhi: CBC Publisher and Distributors.
- WHO/UNICEF. Global breast feeding collective: Geneva/New Y ork August, 2017.
   Health Fisher. (2007). Colostrum: properties, functions and im portance. The relationship between the immunoglobulin concentr ation in Holstein colostrum and the total senIm protein in Holstei n heifer calves
- Chae A, Aitchison A, Day AS, Keenan JI. Bovine colostrum dem onstrates anti-inflammatory and antibacterial activity in in vitro m odels of intestinal inflammation and infection. J Funct Foods. 201 7; 28:293–298.
- Loureiro I, Frank G, et al. (2008). Human Colostrum contain IgA antibodies reactive to enteropathogenic Escherichia coli virulence associated proteins: Intimin, BfpA, EspA and EsbB. J Pediatry G asteroenterol Nutr 27: 166-171
- Arifeen S, Black RE, et al. (2009). Exclusive breast feeding redu ce acute respiratory infection and dirahhea death among infants i n Dhaka Slums. Pediatric 108.
- 7. Rogers NL, Abdi J, Moore D, Ndiangui S, Smith LJ, et al. Colostr um avoidance, prelacteal feeding and late breast-feeding initiatio n in rural Northern Ethiopia. Public
- 8. UNICEF: Levels & Trends in Child Mortality, Estimates Develo ped by the UN Inter-agency Group for Child Mortality Estimatio n. New York: UNICEF; 2017.
- 9. World Health Organization (WHO). Global Health Observatory ( GHO) data on Child mortality and causes of death; 2017.
- World Health Organization (WHO). Early Initiation of breastfeed ing: the key to survival and beyond: WHO Secretariat; 2010. p. 1 -7.
- Jones G, Steketee RW, Black RE, Bhutta ZA, Morris SS. (2003). Bellagio child survival study group. How many child deaths can we prevent this year? Lancet. 362:65–71.
- Mullany LC, Katz J, Li YM, Khatry SK, LeClerq SC, Darmstadt GL, Tielsch JM. (2008). Breast-feeding patterns, time to initiatio n, and mortality risk among newborns in southern Nepal. J Nutr. 138:599–603.
- 13. Lawn J, Shibuya K, Stein C. (2005). No cry at birth: global estim ates of intrapartum stillbirths and intrapartum-related neonatal de aths. Bull World Health Organ. 83:409–417.
- 14. World Health Organization. The global burden of disease: 2004 u pdate. Geneva, World Health Organization August, 2008
- 15. UNICEF. Infant and young child feeding Global data base update . October 12, 2016. Available from
- Kumari S, Saili A, Jain S, Bhargava U, Gandhi G, et al. (2004). M aternal altitude and practice in initiation of newborn feeding. Indi a J Pediatric 55: 905 – 911
- 17. Kaewsarn P, Moyle W, Creedy D. (2009). Traditional Postpartum Practice among Thia women. J Adv Nurs 41: 358 -366
- Gualu T, Adugna H, Dilie A. (2017). Assessment of Knowledge, Attitude and Practice of Post Natal Mothers towards Colostrum B reast Milk in Debra Markos Town Governmental Health Instituti ons East Gojjam Zone, Amhara Regional State, Ethiopia. Nurse C are Open Access J: 2(2).
- Joshi S, Barakoti B, Lamsal S. (2012). Colostrum Feeding: Know ledge, Attitude and Practice in Pregnant Women in a Teaching H ospital in Nepal. Web Med Central MEDICAL EDUCATION: 3( 8)

- Riana SK, Mengi V, (2014). Singh Determinants of pre lacteal fe eding among infants of RS Pura Block of Jammu and Kashmir, I ndia. J Family Med Prim Care: v.1:27-29
- Aisha, R.,Batool, F. and Sultana, S. Knowledge, Attitude and Pra ctices about Colostrums Feeding among Pregnant Women in Mili tary Hospital Rawalpindi of Pakistan.
- 22. Shewasinad S, Manjura M, Bolesh A, Sisay D, Ne gash .Assessm ent of Knowledge, Attitude and Practice towards Colostrum Feed ing among Antenatal Care Attendant Pregnant Mothers in Mizan Tepi University Teaching Hospital, Bench Maji Zone, SNNPR, S outh West Ethiopia. G.C. J. Preg Child Health: 2017:
- 23. DessalegnTamiruTamiru, ShikurMohammed. (2013). Maternal K nowledge of Optimal Breastfeeding Practices and Associated Fac tors in Rural Communities of Arba Minch Zuria, International Jo urnal of Nutrition and Food Sciences: Vol. 2, No. 3
- Misgan L. Melake D. Firehiwot M.etal. Factors Associated with Colostrum Avoidance among Mothers of Children Aged less than 24 Months in Raya Kobo district, Northeastern Ethiopia. Journal of Tropical Pediatrics: July, 2015



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article Click Here: Submit Article

DOI: 10.31579/2690-8808/020

## Ready to submit your research? Choose Auctores and benefit from:

- fast, convenient online submission
- ✤ rigorous peer review by experienced research in your field
- rapid publication on acceptance
- authors retain copyrights
- unique DOI for all articles
- immediate, unrestricted online access

At Auctores, research is always in progress.

Learn more www.auctoresonline.org/journals/journal-of-clinical-case-reports-and-studies